

Soccer Tournament Registration Form

Please return completed form to your Team Captain.

First Name _____ Surname _____

Date of Birth _____ Phone _____

Email _____

Team _____

Any existing medical conditions or dietary requirements:

Emergency Contact Details:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Indemnity: I understand that while every reasonable precaution will be undertaken to ensure protection, I hereby release the Parish/ Youth Group from any and all liability in the event of any injury, accident, misfortune, damage or loss that may occur to me or my property while present at the event. Further, I indemnify the Parish/ Youth Group against all loss, including legal expenses, connected with or arising from any claims or demands in relation to my attendance at the event.

Medical Treatment consent: I give permission for the Parish/ Youth Group to obtain emergency medical, hospital or ambulance assistance and/or treatment for myself at any time they consider necessary. I acknowledge that I will be liable for any medical, hospital or ambulance expense incurred in my treatment and I agree to pay those expenses.

Privacy Declaration: The event will be captured in photographs, video and audio. Sacred Heart Parish Thornlie reserves the right to use this material for promotional purposes or other resources.

I agree to the above terms and conditions.

_____ (Print Name)

_____ (Signature)

_____ (date)

**For further event details please contact Travis D'Souza on 0466262050 or
sacredheartyouththornlie@hotmail.com**

The information above is requested in order to provide assistance in case of illness or accident. This information must be completed with the utmost accuracy and will be held in confidence.

We are committed to respecting the privacy of individuals. Personal information is collected, held, used, corrected, disposed of or transferred in accordance with the National Privacy Principles and Privacy Act 1988 as amended.